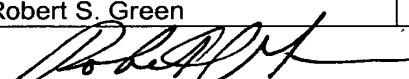


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. SHO-0036 First Inventor Hideaki Imura Title GAMING MACHINE Express Mail Label No.		U.S. PTO 2238 10/697041
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 17] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 15] 5. Oath or Declaration [Total Sheets 3] a. <input checked="" type="checkbox"/> unexecuted (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number: 23353 OR <input type="checkbox"/> Correspondence address below				
Name		RADER, FISHMAN & GRAUER PLLC		
Address		1233 20th Street, N.W. Suite 501		
City	Washington	State	DC	Zip Code 20036
Country	US	Telephone	(202) 955-3750	Fax (202) 955-3751
Name (Print/Type)		Robert S. Green		Registration No. (Attorney/Agent) 41,800
Signature				Date October 31, 2003



<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Not Yet Assigned
		Filing Date	Concurrently Herewith
		First Named Inventor	Hideaki Imura
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
TOTAL AMOUNT OF PAYMENT (\$) 770.00		Attorney Docket No.	SHO-0036

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																														
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Deposit Account Number: 18-0013</div> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Deposit Account Name: Rader, Fishman & Grauer PLLC</div> <p>The Director is authorized to: (check all that apply)</p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<h3 style="margin: 0;">3. ADDITIONAL FEES</h3> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; font-size: small;">Large Entity</th> <th colspan="2" style="text-align: left; font-size: small;">Small Entity</th> <th rowspan="2" style="text-align: left;">Fee Description</th> <th rowspan="2" style="text-align: right;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: right;">Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td style="text-align: right;">130</td><td>2051</td><td style="text-align: right;">65</td><td>Surcharge – late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td style="text-align: right;">50</td><td>2052</td><td style="text-align: right;">25</td><td>Surcharge – late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td style="text-align: right;">130</td><td>1053</td><td style="text-align: right;">130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td style="text-align: right;">2,520</td><td>1812</td><td style="text-align: right;">2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td style="text-align: right;">920*</td><td>1804</td><td style="text-align: right;">920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td style="text-align: right;">1,840*</td><td>1805</td><td style="text-align: right;">1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td style="text-align: right;">110</td><td>2251</td><td style="text-align: right;">55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td style="text-align: right;">420</td><td>2252</td><td style="text-align: right;">210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td style="text-align: right;">950</td><td>2253</td><td style="text-align: right;">475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td style="text-align: right;">1,480</td><td>2254</td><td style="text-align: right;">740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td style="text-align: right;">2,010</td><td>2255</td><td style="text-align: right;">1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td style="text-align: right;">330</td><td>2401</td><td style="text-align: right;">165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td style="text-align: right;">330</td><td>2402</td><td style="text-align: right;">165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td style="text-align: right;">290</td><td>2403</td><td style="text-align: right;">145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td style="text-align: right;">1,510</td><td>1451</td><td style="text-align: right;">1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td style="text-align: right;">110</td><td>2452</td><td style="text-align: right;">55</td><td>Petition to revive – unavoidable</td><td></td></tr> <tr><td>1453</td><td style="text-align: right;">1,330</td><td>2453</td><td style="text-align: right;">665</td><td>Petition to revive - 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Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																
1202	18	2202	9	Claims in excess of 20																																																																																																															
1201	86	2201	43	Independent claims in excess of 3																																																																																																															
1203	290	2203	145	Multiple dependent claim, if not paid																																																																																																															
1204	86	2204	43	** Reissue independent claims over original patent																																																																																																															
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																															

SUBMITTED BY		(Complete (if applicable))	
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		Date	October 31, 2003